



HOUSE STAFF BENEFITS PLAN

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CONFERENCE EXPENSE REIMBURSEMENT FORM

Eligibility:

1. House Staff Officers on HHC payroll, to be used at anytime during a basic residency,
2. House Staff Officers on HHC payroll working as a Chief Resident (who have completed basic residency),
3. House Staff Officers on HHC payroll working as a Fellow, (who have completed basic residency).

Maximum reimbursement allowed: Effective July 1, 2007, up to \$1,000 (see above Eligibility).

Claim Submission Rules:

- Original receipts must be attached. Copies of receipts will not be accepted as proof of expense. Submit one form per conference. Attach receipts for expenses only up to the maximum reimbursable limit.
- Reimbursement for meals, travel and lodging will not be reimbursed without proof of registration and attendance at conference.
- Conference program or agenda must also be attached. Copy acceptable.
- Approval as to the relatedness of the conference must be secured from your Chairperson. Where approval is denied, written appeal may be made by the House Staff Officer to the House Staff Benefits Plan Trustees.
- All claims must be submitted to our office at the above-mentioned address within one year from the date of conference. Claims submitted after one year will be denied.

SECTION A: Please complete the following:

Participant's Name: _____ Social Security No.: _____
(Last Name) (First Name)

Home Address: _____

(City) (State) (Zip code)

Contact phone number: _____ Type (home, mobile, etc.) _____

E-mail address: _____

Hospital where employed: _____ PGY Level: _____ Dept. _____

Check one: Final Year Chief Resident Fellow

Title of Conference: _____ GME Credits: _____

Date of Conference: From _____ to _____

Location of Conference: Facility _____ City _____ State _____

(IMPORTANT: See side 2 for Section B)

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SECTION B: Please complete the following:

Check Documents Attached:	Registration/Receipt	Program/Agenda
	Proof of Attendance	Identification Badge

Expenses: (List amounts only for those expenses with receipts attached)

\$ _____ Registration/Tuition

\$ _____ Lodging (Hotel: _____)

\$ _____ Meals, for conferences away from home, receipts are not required for a maximum of \$5 for breakfast, \$10 for lunch and \$15 for dinner each day.

\$ _____ Travel (i.e.: plane, cabs, etc.)

\$ _____ Tolls, Gas

\$ _____ Telephone

\$ _____ Other, specify _____

Total of receipts: \$ _____ Maximum reimbursement: \$ _____

Have you submitted for conference reimbursement any other time this PGY year?

No _____ Yes _____ If yes, date submitted: _____ Amount: \$ _____

I attended the conference named above and made the expenditures listed above.

Resident's Signature: _____ Date: _____

I approve this conference as being related to professional training.

Chairperson's Name _____

Chairperson's Signature _____ Date: _____ Dept.: _____